

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

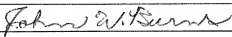
Total Number of Pages in this Submission:

Application No.	10/801,982
Filing Date	March 16, 2004
First Named Inventor	Marianna Goldrick
Group Art Unit	1634
Examiner Name	Frank Lu, Ph.D.
Attorney Docket No.	6545US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (IDS) / PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers for an application <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney or Authorization of Agent and 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After-Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s): <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Check for \$ _____ <input checked="" type="checkbox"/> Authorization to Charge Deposit Account No. 50-4140
Remarks:  Address all correspondence to Customer Number <b>68163</b>		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Name	John W. Burns	Registration No.	43,520	Date	June 27, 2007
Signature				Telephone	512-651-0595
Address	2130 Woodward Street, Austin, TX 78744			Facsimile	512-721-3818

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U. S. Postal Service ☐ "Express Mail Post Office to Addressee" service under 37 CFR 1.10, **Express Mail No.** \_\_\_\_\_, OR ☐ with sufficient postage as **First Class Mail** in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: \_\_\_\_\_.

Type or Printed Name	Signature
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